



# Defense Health Agency Speaker Request

Thank you for considering a Defense Health Agency speaker for your event. Please complete and submit this document to [dha.ncr.comm.mbx.dhaspeakersbureau@mail.mil](mailto:dha.ncr.comm.mbx.dhaspeakersbureau@mail.mil) and we will do our best to process within 30 days. Try and submit your request as early as possible to allow our potential speakers time to coordinate their demanding schedules. 90 days of notice is a good rule of thumb, especially for events that require travel.

If you have any questions or need help completing the speakers request form, please call the DHA office of communications at 703-681-1770.

## Part 1: Event Organizer

Name of Organization  
Submitting Request:

Organization Name

For Profit/Not for Profit

Coordinator/Point of Contact  
(Name, title, email, office phone, cell phone)

Coordinator Name

Coordinator Email Address

Office Phone Number

Cell Phone Number (if different)

## Part 2: Event Details

Speaker Requested (leave blank if unknown)

Name of Speaker Requested (if known)

Event Name/Title

Name of Event

Event Location (venue name, address, city, state)

Name of Venue

Street Address

City

State or Country

Zip Code if in US

Event Date/Time

Event Date

Event Time

Event Type (conference, dinner, small group, etc.)

Type of Event

Event Purpose/Goal

Purpose/Goal

Number of Times Event Has Been Held (e.g., 3rd Annual)

Times Event Has Been Held

Event Website (if applicable)

Event Website if One Exists

### Part 3: Presentation/Speech Details

Requested Topic

Requested Topic

Presentation Format (Keynote address, roundtable, panel, etc.)

Format Requested

Will Lapel/Wireless Microphone Be Available

Will Podium Be Available

Will Projector System Be Available for Presentations

Expected Duration (In minutes)

Event Duration

Will Speech Be Followed by Question and Answer Session

### Part 4: Audience Details

Audience Demographics (Briefly describe its makeup and if membership is required)

Expected Audience

Audience Size (Approximate size of audience)

Size of Audience

Additional Audience Details (professional association, Service members, academia, students, etc.)

Honorable Guests (List names and titles of members of Congress, CEOs, or other VIPs participating in or attending the event)

Additional Audience Details

Media (Will media be invited, and if so, will the event be open or closed to the press? Please submit a media list with this form.)

Expected Honorable Guests

Expected Media

## Part 5: Additional Information

Deadline for Acceptance

Deadline Date

Cost of Attendance (Include regular price, not member, early bird, or government discount if applicable)

Cost of Attendance (U.S. Dollars)

Will Cost Be Waived For Speaker (If applicable)

Will Travel Costs (airfare, meals, taxi, etc.) be Reimbursed by Event Host

What is the Dress/Uniform for the Event

Dress

Who is the On Site Point of Contact for the Day of the Event (Please provide contact information)

POC Name

POC Email

POC Office Phone

POC Cell Phone (if different)

Is Parking Provided On Site

Disclaimer/Release Form (Please indicate whether event sponsor will need to sign disclaimer/release form)

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